

Department of Consumer Affairs

Brandolyn Pinkston
Acting Administrator

Regulation of Staff Leasing Services Quarterly Report

For Quarter Ending: ☐ March 31 ☐ June 30
☐ September 30 ☐ December 31 _____ Year

Company Name: _____ License No. _____

CEO Statement: I hereby certify that all health insurance, life insurance, workers' compensation insurance and their respective premiums and any other employee benefits accruing either to our employees or their dependents have been and are being paid to the proper payees as required by contract, law, or other obligatory documents, and these requirements are on a current and timely basis.

I certify that I understand that maintenance of positive working capital and positive net worth (\$50,000 for staff leasing companies established after January 1, 1991) is required by Title 40, S.C. Statutes, and that our company is in compliance with these requirements.

I certify that I understand that this periodic certification is incomplete unless the proof of valid workers' compensation insurance is attached to this form.

Signature of CEO _____ Date _____
Printed Name _____ Title _____

CFO Statement: I certify that federal, state, and local payroll taxes (including unemployment compensation) have been paid as required by regulations of each applicable taxing authority. I further certify that all workers' compensation premiums and employee benefit payments for the quarter have been paid as due. I have attached copies of the current quarter's balance sheet and income statement.

Signature of CFO _____ Date _____
Printed Name _____ Title _____

Controlling Person Statement: I have reviewed the information above and I certify that it is true and correct to the best of my knowledge and belief.

Signature of Controlling Person _____ Date _____
Printed Name _____ Title _____

Workers' Compensation Insurance: Attach a copy of a workers' compensation certificate clearly indicating that your company has a workers' compensation insurance policy in effect for the current quarter. The certificate must show that the S.C. Department of Consumer Affairs is listed as a certificate holder. You must attach a new copy of your certificate each quarter that a report is filed.

Mailing Instructions: When complete, please return this form, together with the balance sheet, income statement and workers' compensation certificate, to the address indicated below:

Staff Leasing Services
S.C. Department of Consumer Affairs
3600 Forest Drive, 3rd Floor
P.O. Box 5757
Columbia, S.C. 29250-5757

Department of Consumer Affairs

Brandolyn Pinkston
Acting Administrator

Instructions for Quarterly Reporting

Compliance Schedule In order to be in compliance with Title 40, S.C. Statutes, you are required to file a complete quarterly report form with this office at the close of each quarter:

March 31
September 30

June 30
December 31

Please note that completed quarterly report forms must be received in this office within 75 days after the close of each quarter or your company will be subject to disciplinary action.

Completing the Forms Please follow the following steps to assure that your quarterly reports are filled out completely and accurately:

- Step One:* Check the box indicating the appropriate quarter for which the report is being filed.
- Step Two:* The CEO of your company must read, sign, and date the section marked "CEO Statement".
- Step Three:* The CFO must attach copies of the current quarter's balance sheet and income statement and sign and date the section marked "CFO Statement" and complete the address and phone number information.
- Step Four:* The Controlling Person must sign and date the section marked "Controlling Person Statement".
- Step Five:* Attach a copy of a workers' compensation certificate clearly indicating that your firm has a workers' compensation insurance policy in effect for the current quarter. You must attach a new copy of your certificate each quarter that a report is filed. The certificate must show the Department of Consumer Affairs as a certificate holder.

Please note: If you do not complete your quarterly report materials according to the instructions above, your quarterly report compliance submission will not be considered valid and your company will be subject to disciplinary action by the Department.

When the Quarterly Report is completed in its entirety, please mail it to:

Staff Leasing Services
S.C. Department of Consumer Affairs
3600 Forest Drive, 3rd Floor
P.O. Box 5757
Columbia, S.C. 29250-5757

Should you require any assistance in completing your forms, please contact (803) 734-4251.